Case Management Monthly and Quarterly Reviews October Frequently Asked Questions (FAQs)

2012

The Behavioral Health Division developed the revised monthly and quarterly case management review forms in collaboration with input from the Wyoming Department of Health's Director's office on measureable goals; concerns from the Division's Provider Support Unit regarding areas of past concern with documentation; and feedback from case managers on ways the form would work better for their reporting requirements and case management responsibilities. Since July 2012 when the forms changed, we have received many positive compliments from case managers, who enjoy using the new forms and having more meaningful conversations with their participants. As questions have been submitted, we have developed the following FAQ list to answer common questions. If you have a question that is not addressed here, please call in to the Division's monthly support call on the last Thursday of each month at 2 pm using 1-877-278-8686 Access Code 252484.

• Why these changes on the CM monthly and quarterly review forms?

The reports gather data on participants that will show if the purpose of the waiver is being fulfilled, which means that people are using waiver services to become more independent, employed, healthy, safe, and accomplish personal goals. This means looking more broadly at the whole life of a person, not just waiver services. Person-centered planning should encompass all of the supports, goals, assessed needs and preferences a person has in his/her life, then waiver (paid) services and supports should be planned last, to fill in where there are support gaps in a person's life. Therefore, we are asking about employment, school attendance, personal goals, accomplishments, and community integration.

• What do you report in the service observation and objective progress section of the monthly form? What needs to be documented? Is it just the participant to staff ratio? The case manager may not be aware of the needs of the other participants. In the Action List, should the CM make a comment that the home was or was not appropriately staffed for their participant?

The case manager should write some notes on the services observed that month and report any objective progress from the service provider. Habilitation services shall be observed quarterly and all direct services shall be observed at least annually. Make notes of concerns or changes needed to the plan. Document the "support level" of the participant you witnessed during the point in time of your visit. Note any follow up you do on the staffing ratio if it is out of compliance with the plan.

• Going into bedrooms is not participant friendly. Why do we need to do this? What if they don't want to show us?

Summarize the general condition of the home environment and the participant's bedroom (if the person lives in a provider's home/facility); and summarize your discussion and concerns noted on the day of the home visit. When you ask to see the person's bedroom (if they live in a provider's facility/home only) it will be helpful to explain to the participant and provider that we are checking on general safety and cleanliness. If the person does not want to show you, ask a staff person for a description of their room's cleanliness and safety, how often it is checked and cleaned, and if any issues have been reported. Provider-operated facilities have certain standards they must maintain for participants in services and we are wanting to ensure the person's health, safety, preferences and well-being are being checked by a third party observer. CMs shall

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document their concerns, but always follow up directly with the provider if any concerns or questions come up. The Division should only be notified in critical areas of concern or trends noticed.

• Are people served through self-direction are also getting asked if they want to be served traditionally? This seems fair since we have to ask others about selfdirecting every quarter.

The Division wants to assure that all participants/guardians thoroughly understand all of the services and delivery options available, so that they can determine what is best for them and make an informed choice. The case manager shall be reviewing full choice of providers, services, service delivery methods, and institutional care with the participant or legal guardian every six months. The conversation on "self-determination" doesn't have to be just about self-direction. We want participants to exercise advocacy and personal choice as much as possible in their lives, and self-directing services is just one way they might exercise that right. They should be encouraged to give input regarding their own clothing, food choices, television shows, community outings, and other rights and privileges.

• What does informal objective progress mean? Some providers are not tracking the objective.

Habilitation services require training. Written, measurable objectives are used to ensure training is occurring. If training is not helping the person make progress, then the service should be changed to offer different training opportunities for the participant. The Wyoming Medicaid Rules, Chapter 45, the Waiver Provider Manual, and the IPC instructions have outlined the expectations of objectives for years. Providers are required to have objectives for habilitation services and measure and report progress to the case manager monthly. Informal objectives include training opportunities that are offered to the participant based upon support needs and past objective completion, which may not be measured in a specific manner. A summary without a measurement is helpful for case managers to know so they can develop future service plans with enough information on what the participant is working on to prepare future staff and providers.

• How do we answer the questions on the form is the person is non-verbal and does not have a legal guardian that is active to know this information?

The Division wants Case Managers to use the same approach that we have expected all along when getting input from a participant (who is non-verbal and communicates in other ways). We have asked for their input with plan development, giving input on preferences, and answering the 'about me' section of the old plan of care and current plan topics. Those who know the participant well should be able to read facial expressions, sounds, gestures, and other communication behaviors in order to translate the person's input, preferences and dislikes. The guardian shall always give input to the case manager as needed as part of his/her responsibility by participating in the waiver. If the guardian is not active and responsive, the case manager should notify the Division and the court to take further action.

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2012

• The question about achieving any objectives (and how many) in the last quarter: does this refer to the whole objective or does this mean the number of successful trials of the objective over this time?

The Division wants you to refer back to the criteria determined by the team when developing the objective and report on the number of objectives achieved as written. As a reminder, we are trying to encourage teams to write achievable objectives and help the person learn skills and build toward their desired accomplishments. If quarter after quarter, no objective is being accomplished, the objectives and training components should be revised so they can make meaningful progress and have milestones to celebrate..

• Do I still fill out the paper version of the quarterly reviews? What if I make a mistake on the form when I submit it in EMWS?

No. The Division will post a Word version of the CM quarterly review to use for your convenience, but the information will need to be input into EMWS for the review to be complete. You can print the completed form after it has been submitted by accessing the participant's case, choose 'processes', and quarterly report and then hit file/print. If incorrect information has been submitted and needs to be changed, the CM must contact the PSS to have the process rolled back to them. You cannot access the report once it was submitted.

• I am uncomfortable asking a parent about school attendance and satisfaction for their child. Why do we have to do this?

Since we have not asked these questions before, it may be awkward asking a parent about their child's attendance and satisfaction with school. Waiver services should be assisting the child and family in stability and support outside of school, resulting in better performance and attendance in school. The conversation can be brief with the family, but it is better to inform them about the whole purpose of the waiver so they understand why we are asking these questions.

• What if a CM has a participant on their caseload for whom a quarterly report was not initiated on their task list, or if there is a task for someone no longer on their caseload?

The CM shall contact their Division PSS so this can be corrected.

• The monthly form says that 'self-determination' is a quarterly topic but it isn't and 'desired accomplishments' is a quarterly topic, but they are not identified so on the monthly form. Why?

We are not measuring these topics at this time, but we want to start measuring these important areas in the next year. These areas are critical to the purpose of home and community based waiver services, so we want there to be more discussion and advocacy from the case manager in these areas. With more discussion with the team on accomplishments and self-determination (which is different than self-direction), more participants and teams may take more strides towards the participant's desired future.

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• Why are these forms completed? Who will be looking at them and how will the information be used?

Case Manager monthly reports are required for monthly documentation of services and billing purposes. They allow the case manager to have a standardized tool to track all of the plan of care monitoring required by the case manager. The quarterly report has always been intended to provide a vehicle for CM's to step back and take a look over time at trends occurring with individuals. They are designed to take a wider snapshot of the services delivered and the progress or events occurring in the person's life. The Division wants the case manager to report a higher level of trend analysis over the last three months of service and take action as needed when trends are identified, whether positive or negative. The purpose of moving the quarterly to EMWS is to have better data to report to CMS and the Director's office on the effectiveness of waiver services and plan for future waiver changes more systematically.